

Name
in
Full

Edward Anderson

CERTIFICATE OF DEATH

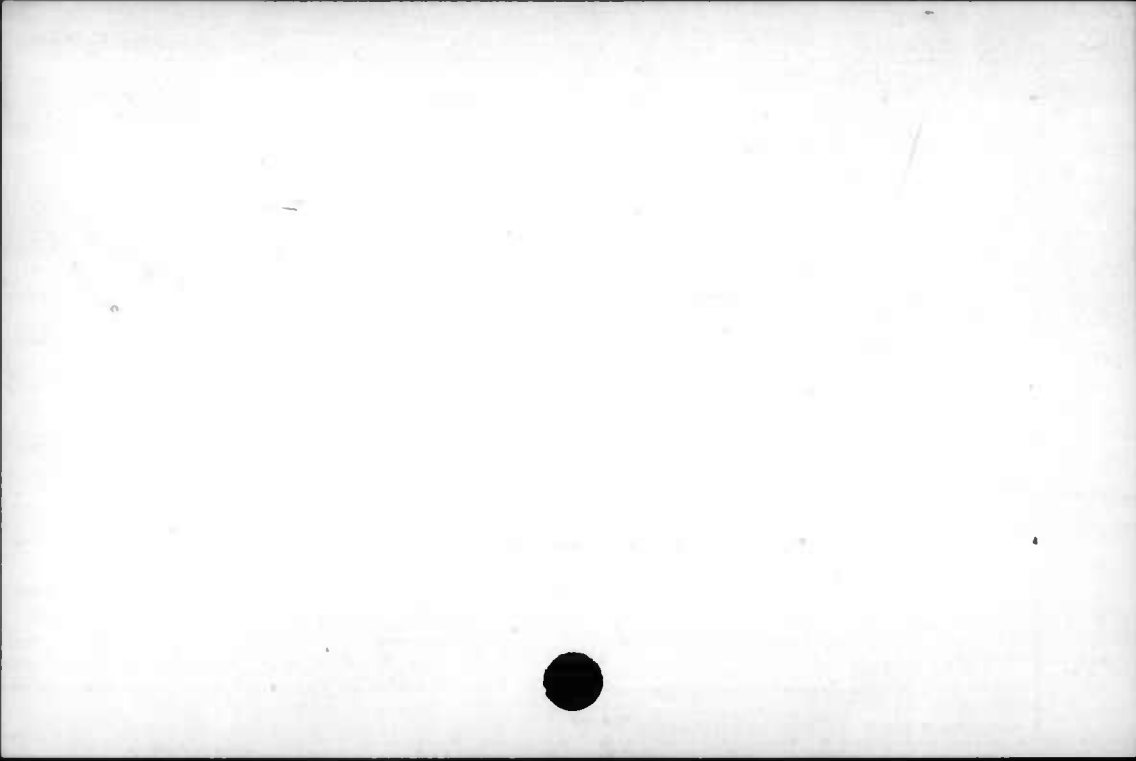
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} Charlesville ^{Town}		^{County} Howard		MARYLAND			
Date of death	1907	Month Feb.	Day 10	Age —	Years —	Months 8	Days 4
Sex	Male		Color or Race	Black		Birth-place	Ind
Occupation	—		Where Residing if not at place of death				—
Married, Single or Widowed	Single		Name of Wife or Husband				—
Father's Name	Richard Anderson				Father's Birthplace	Ind	
Mother's Maiden Name	Mary Dusey.				Mother's Birthplace	Ind	
Name of person giving information	S. A. Nichols				How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia (93)		How long	1 week
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	S. A. Nichols
			Address	Dayton Ind.
Accident or Suicide?				



Name
in
Full

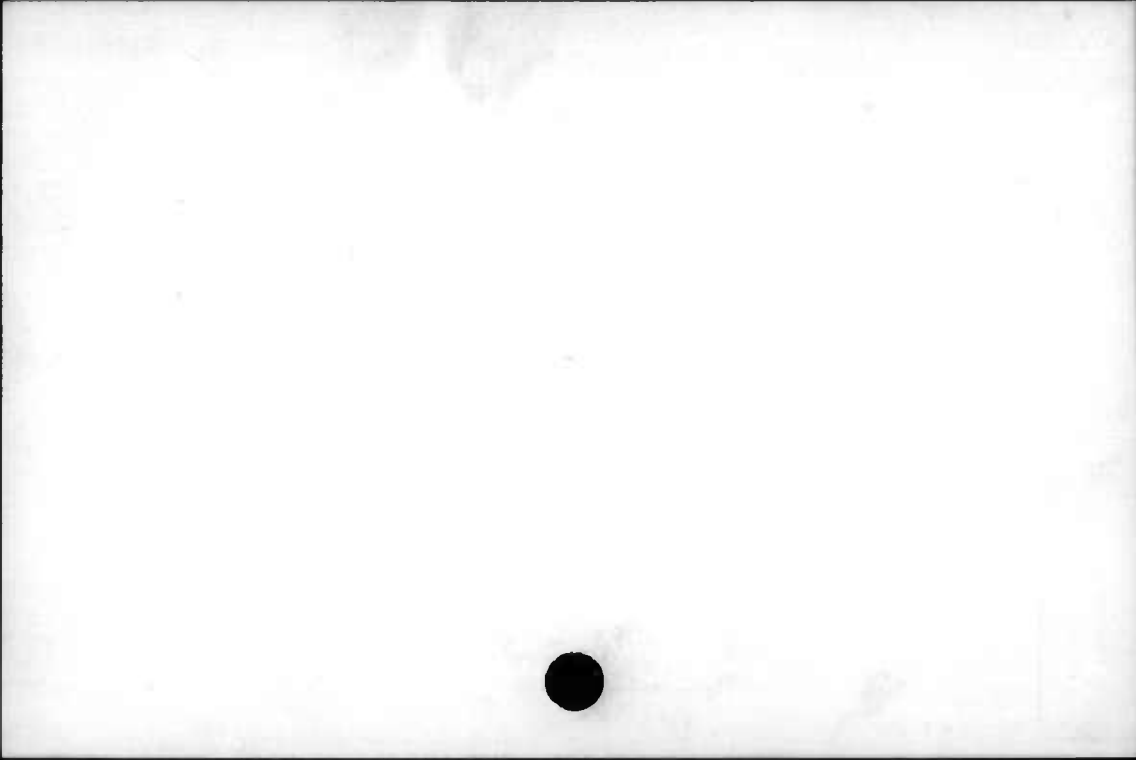
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town} <i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>28</i>
Age	<i>65</i>	Years	<i>no.</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	<i>Shoemaker</i>	Birth-place	<i>Maryland</i>
Where Residing if not at place of death	<i>Ellicott City</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Annie Birley</i>
Father's Name	<i>Charles Birley</i>	Father's Birthplace	<i>don't know</i>
Mother's Maiden Name	<i>Emely Birley</i>	Mother's Birthplace	<i>don't know</i>
Name of person giving information	<i>Ann Birley</i>	How related to deceased	<i>wife</i>

CAUSES OF DEATH (79)

Primary	<i>Mitral Regurgitation</i>	How long	<i>15 months</i>
Immediate	<i>Ascutenia</i>	How long	<i>Progressive.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. L. Brown</i>
		Address	<i>Ellicott City, Md.</i>
Accident or Suicide?	<i>neither</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nraga Buritzsch

Town

County

Died at

Sorrey's Run

Howard

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

Feb

1

Age

33

Sex

Female

Color or
Race

White

Birth-
place

Austria

Occupation

Housewife

Where Residing if not
at place of death

Sorrey's Run

Married, Single
or Widowed

Married

Name of
Husband

Mike Duscumity

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
In formation

Mike Duscumity

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Grip

How long

6 days

Immediate

Pneumonia

How long

?

Are the name, age, sex, color, date
and place correctly given above?

Yes

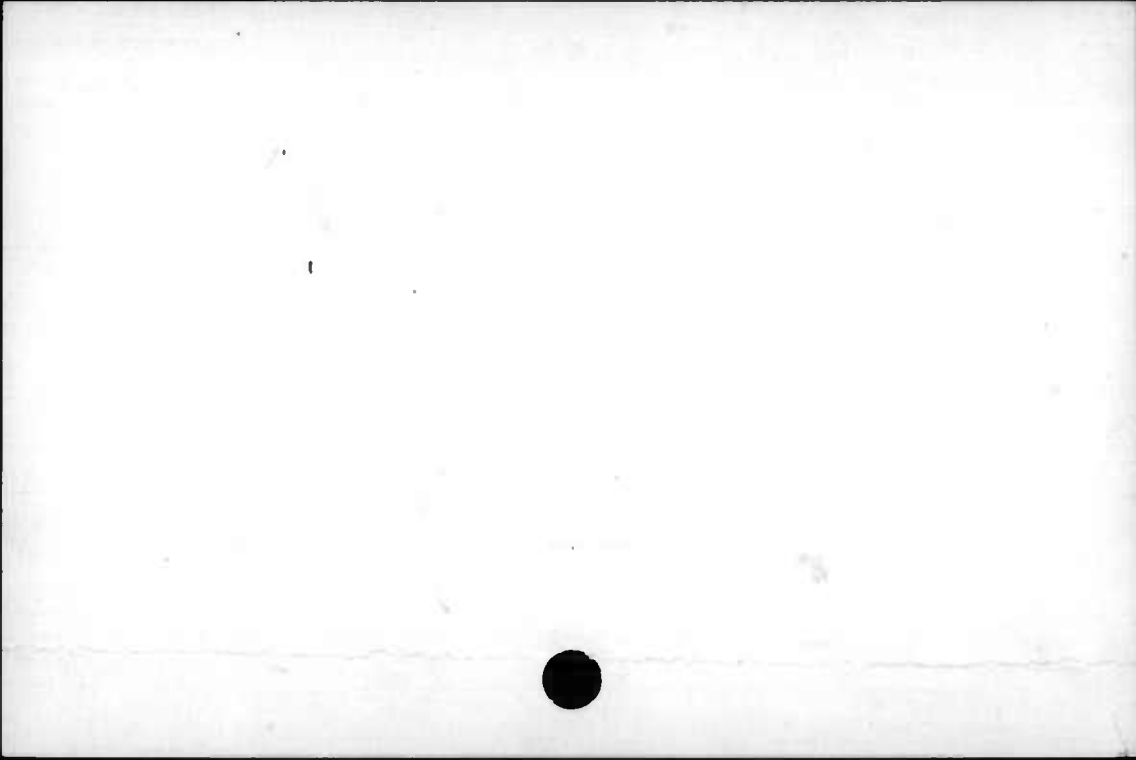
Signature of
Physician

W. B. Gaubril

Address

Albertain, Md.

Accident or Suicide?



Name
in
Full

Kenneth Lee Cissel

CERTIFICATE OF DEATH

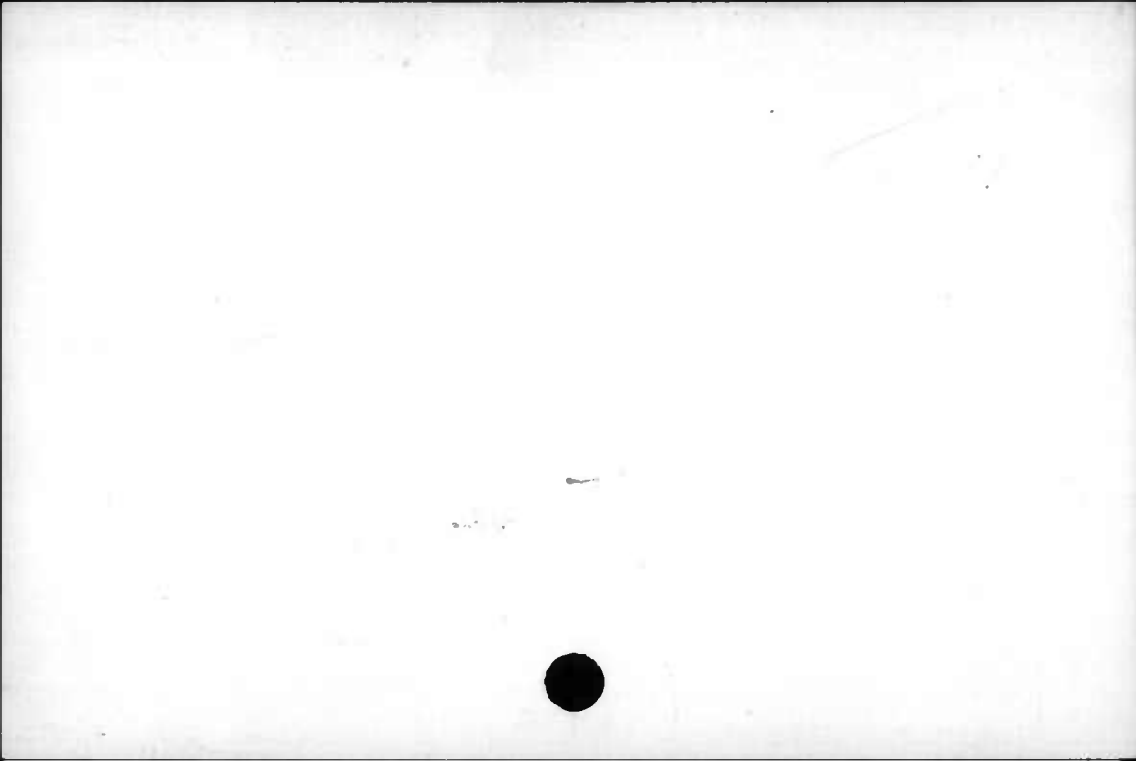
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highland</i>		^{County} <i>Howard</i>		MARYLAND	
Date of death	1907	Month	<i>Feb</i>	Day	<i>10</i>
Age	<i>-</i>		Years	<i>-</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>-</i>		Birth-place	<i>Ind.</i>	
Where Residing if not at place of death			<i>-</i>		
Married, Single or Widowed			<i>-</i>		
Name of Wife or Husband			<i>-</i>		
Father's Name			<i>Hardy Cissel</i>		
Father's Birthplace			<i>Ind</i>		
Mother's Maiden Name			<i>Bertie Scaggs</i>		
Mother's Birthplace			<i>Ind</i>		
Name of person giving information			<i>S. A. Nichols</i>		
How related to deceased			<i>None</i>		

CAUSES OF DEATH (9d)

PHYSICIAN
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>2 weeks.</i>
Immediate	<i>Yes</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>S. A. Nichols M.D.</i>
		Address	<i>Dayton Ind</i>
Accident or Suicide?			



Name
in
Full

Mrs. Hanner

Clifford

CERTIFICATE OF DEATH

Died at <i>Ellicott City</i>		<i>Clifford</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>14</i>	Age <i>90</i>	Months <i>90</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Ellicott City</i>		
Married, Single or Widowed <i>child</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Charles Clifford</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Annie Daisy</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Charles Cliffert</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH (90)

Primary <i>Acute Bronchitis?</i>	How long <i>2 days</i>
Immediate <i>Aschemia</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

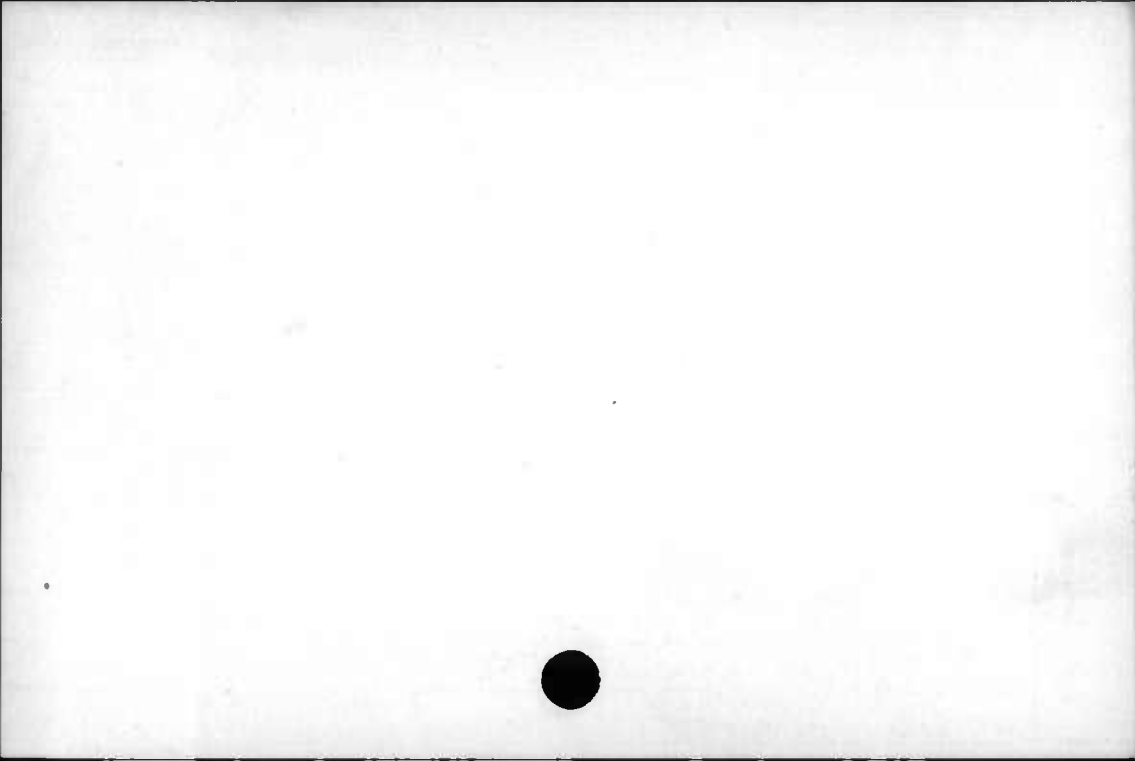
L. G. Owens M.D.

Address

Ellicott City, Md.

Accident or Suicide?

*Neither.**(No Doctor)*



Name
in
Full

Ann Coates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

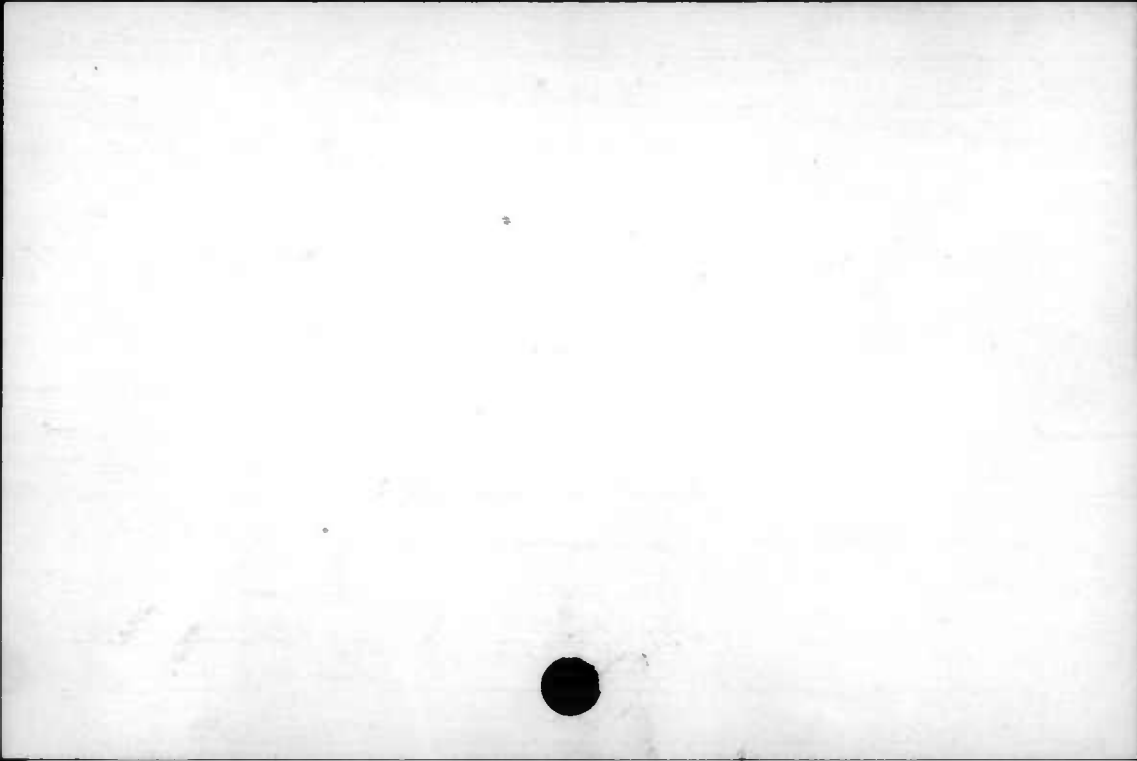
Died at <i>Eek Ridge</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	1907	Month	Febr'y	Day	23	Age	70
Sex	Female	Color or Race	White	Birth-place	England	Months	1
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		John Coates		
Father's Name	Samuel Summerhayes		Father's Birthplace		England		
Mother's Maiden Name	Maria Harris		Mother's Birthplace		England		
Name of person giving information	Wm Coates		How related to deceased		Son		

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary	<i>Acute Cardiac dilatation</i>		How long	<i>20 minutes</i>
Immediate	<i>Pulmonary edema</i>		How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Wm R. Eareckson</i>
		Address	<i>Eek Ridge, Md</i>	
Accident or Suicide?				



Name
in
Full

Ralph Crabb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lisbon</u> Town		<u>Honover</u> County		MARYLAND	
Date of death	<u>1907</u> Month <u>July</u>	Day <u>12</u>	Age <u>—</u> Years	Months <u>1</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Lisbon</u>		
Occupation <u>Choir</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Choir</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Herbert Crabb</u>	Father's Birthplace <u>Carroll Co. Md</u>				
Mother's Maiden Name <u>Rosa Wetzell</u>	Mother's Birthplace <u>Freda Co</u>				
Name of person giving information <u>Herbert Crabb</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH (90)

PHYSICIAN
OR CORONER

Primary <u>Capillary Bronchitis</u>	How long <u>5-Days</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. O. D. Wacziarg</u>
	Address <u>Lisbon, Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

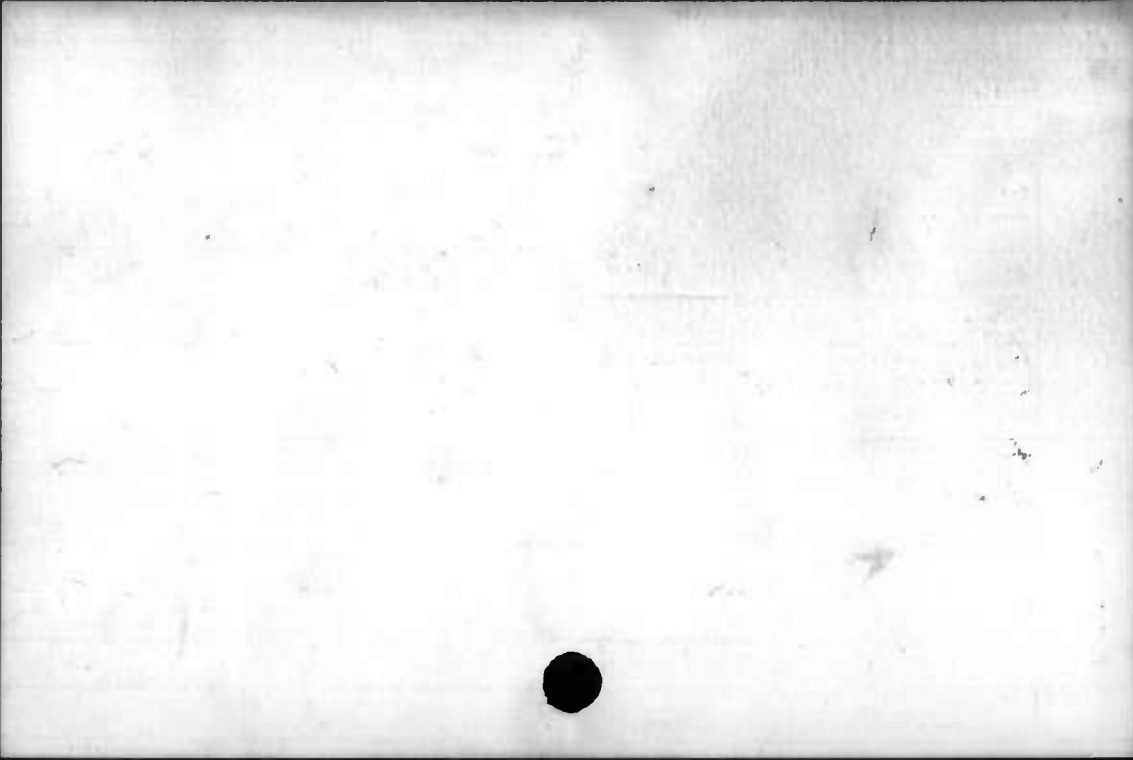
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Feb.	11	42	-	-	-
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	House duties			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband	Gaither Davis		
Father's Name	John then Parrest				Father's Birthplace	Maryland	
Mother's Maiden Name	Henrietta Kendall				Mother's Birthplace	Maryland	
Name of person giving information	Gaither Davis				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes (50)	How long	3 yrs
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thos B. Ovington
		Address	Ellicott City
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

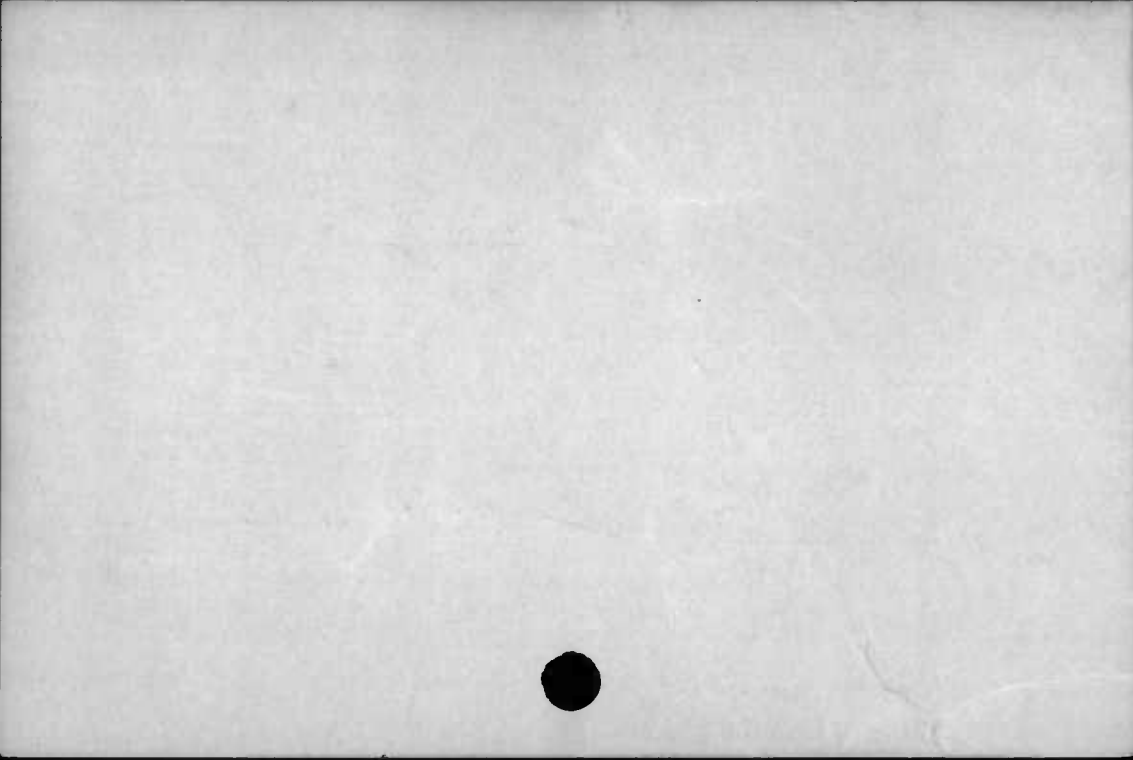
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gloucester</i>		Town <i>Gloucester</i>		County <i>Howard</i>		MARYLAND					
Date of death <i>1907</i>		Month <i>February</i>		Day <i>8</i>		Years <i>24</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>French Canadian</i>		Birthplace <i>Boston Mass</i>							
Occupation <i>Student</i>				Where Residing if not at place of death <i>Gloucester</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>Joseph Dr Costa</i>		Father's Birthplace <i>Canada</i>									
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Canada</i>									
Name of person giving information <i>Father Brick</i>		How related to deceased <i>Not at all</i>									

CAUSES OF DEATH (27)

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis, Addison's Disease</i>	How long <i>3 yrs</i>
Immediate <i>Considered acute</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos B. Dring M.D.</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ellicott</u> Town		<u>Howard</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>9</u>	Age <u>36?</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth-place <u>MD</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>D. Smith</u>	How related to deceased <u>Not</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u> (93)	How long <u>9 days</u>
Immediate <u>Asphyxia</u>	How long <u>18 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W.C. Smith</u>
	Address <u>Ellicott City</u>
	<u>MD</u>
Accident or Suicide?	

Mr. Gilman

Name
in
Full

Oscar Drummond

CERTIFICATE OF DEATH

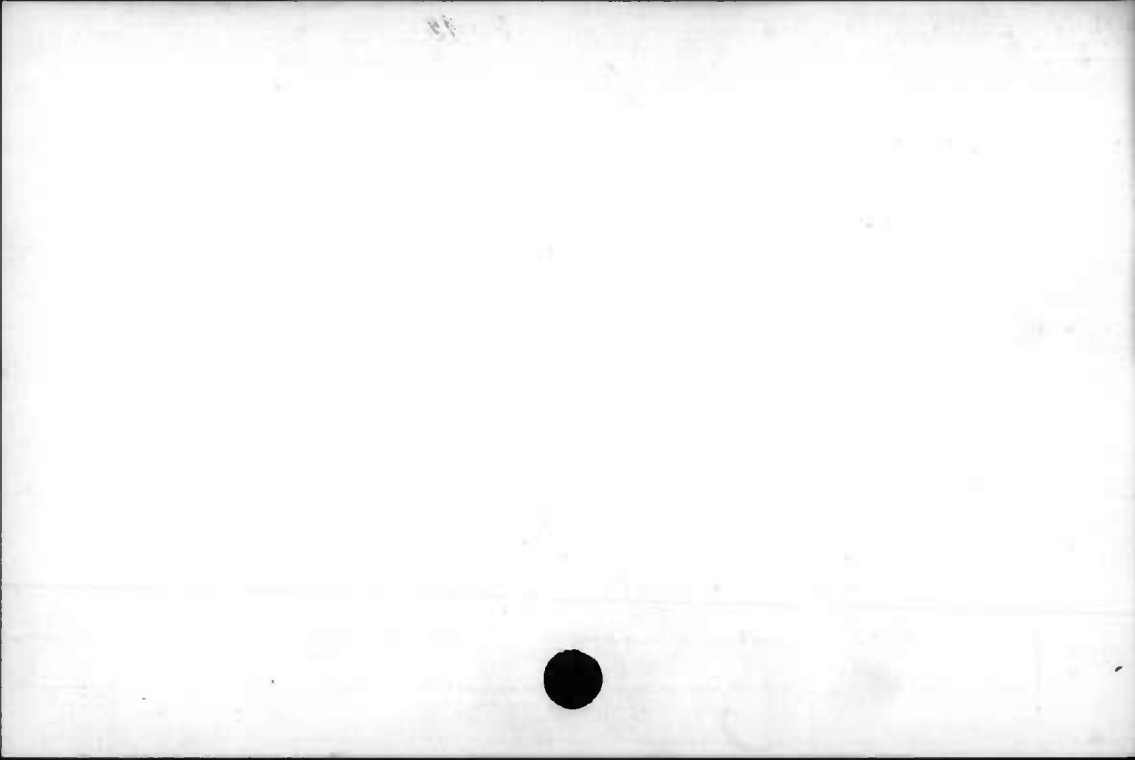
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Alberton</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>July</u> ^{Month}	<u>25</u> ^{Day}	Age <u> </u> ^{Years}	<u>9</u> ^{Months}	<u>25</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Strasburg, Va</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>Samuel Drummond</u>			Father's Birthplace <u>Strasburg, Va.</u>		
Mother's Maiden Name <u>Sarah Nichols</u>			Mother's Birthplace <u>Woodstock, Va</u>		
Name of person giving information <u>Samuel Drummond</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH (90)

PHYSICIAN
OR CORONER

Primary <u>Capillary Bronchitis</u>	How long <u>11 days</u>
Immediate <u>Asphyxia (Slow)</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. B. Gaumbill,</u>
	Address <u>Alberton, Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Elizabeth Sophia Easton.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockland</u> Town		<u>Howard</u> County		MARYLAND	
Date of death <u>1902</u>	Month <u>Feb</u>	Day <u>25</u>	Age <u>79</u>	Months <u>11</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Domestic</u>		Where Residing if not at place of death <u>_____</u>			
Married, Single or Widowed <u>_____</u>		Name of Wife or Husband <u>Robey Easton</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Ma</u>			
Mother's Maiden Name <u>"</u>		Mother's Birthplace <u>Ma</u>			
Name of person giving information <u>Mr Saml Tracy (Box in Law)</u>		How related to deceased <u>_____</u>			

CAUSES OF DEATH (79)

PHYSICIAN
OR CORONER

Primary <u>Mitral Insufficiency & Old Age</u>	How long <u>_____</u>
Immediate <u>Cardiac Asthenia & Pulmonary Decubus</u>	How long <u>3 or 4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank O. Miller M.D.</u>
<u>I am still alive</u>	Address <u>Alberton Md</u>
Accident or Suicide? <u>No</u>	<u>Sub R Leg of Chestnut</u>



Name
in
Full

Helen May Finckham

CERTIFICATE OF DEATH

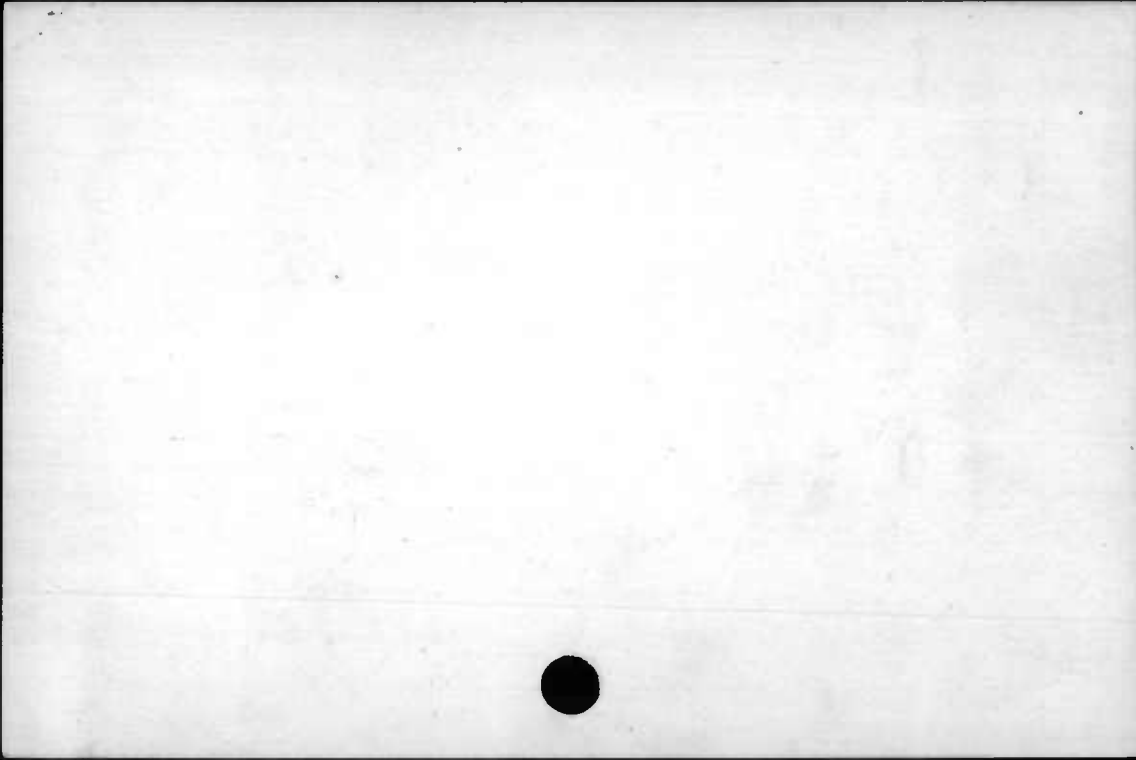
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Savage		County Howard		MARYLAND	
Date of death 190	Month 2	Day 14	Age	Years 4	Months 16
Sex Female	Color or Race White		Birth- place Md		
Occupation Infant		Where Residing if not at place of death Savage			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name George Finckham	Father's Birthplace Virginia			Mother's Birthplace Virginia	
Mother's Maiden Name Hornie Weakley	Name of person giving In formation Wm. Finckham			How related to deceased father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Encephalitis	How long 10 days
Immediate Exhaustion	How long prognosis
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. W. Finckham M.D.
	Address Savage Md
Accident or Suicide? No	



Name in Full *Mr Attie Hall*

CERTIFICATE OF DEATH

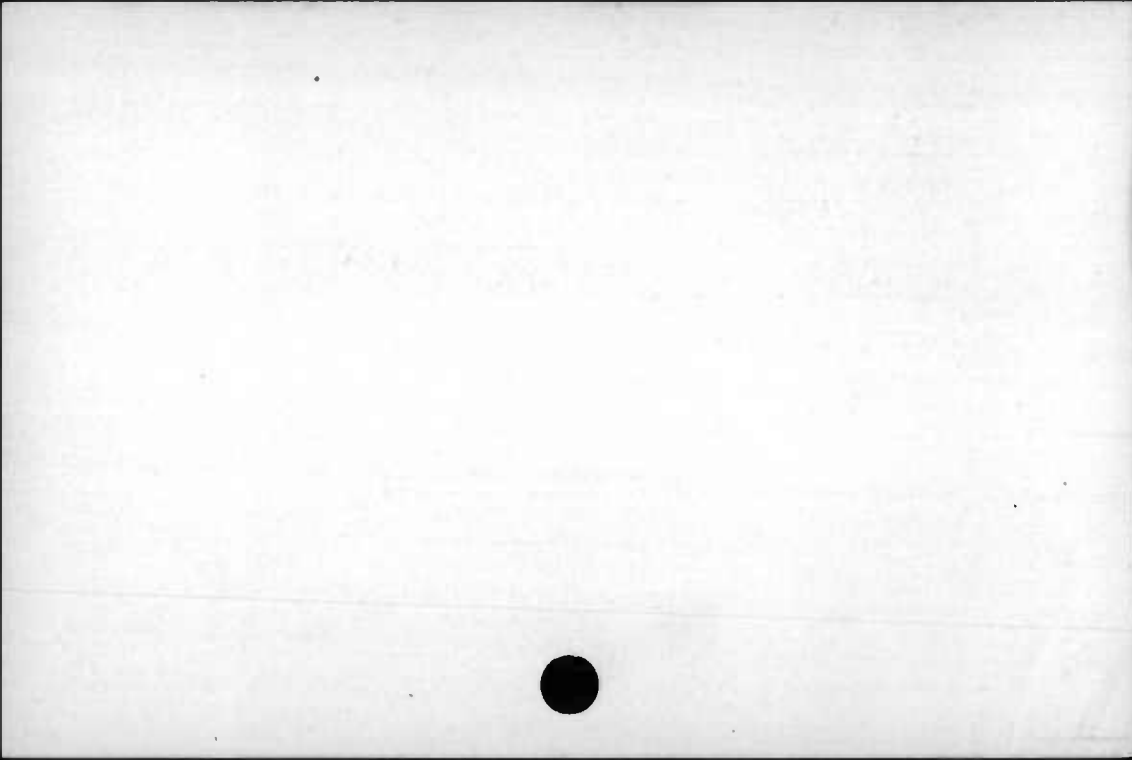
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lisbon</i> Town		<i>Norman</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>July</i> Day <i>26</i>	Age	<i>82</i> Years	Months <i>7</i>	Days <i>23</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Lisbon, Md</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>J. Thornton Hall</i>		
Father's Name	<i>Thomas E. Duwall</i>		Father's Birthplace	<i>Prince Georges Co</i>	
Mother's Maiden Name	<i>Emma Barry</i>		Mother's Birthplace	<i>Prince Georges Co</i>	
Name of person giving information	<i>Mr Mary A. Rex</i>		How related to deceased	<i>Sister</i>	

CAUSES OF DEATH (91)

PHYSICIAN
OR CORONER

Primary	<i>Protonitis Senile</i>	How long
Immediate	<i>~</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>R. O. O. Waugh</i>
		Address <i>Lisbon, Md</i>
Accident or Suicide?		



Name
in
Full

Emmeline C. Harrell

CERTIFICATE OF DEATH

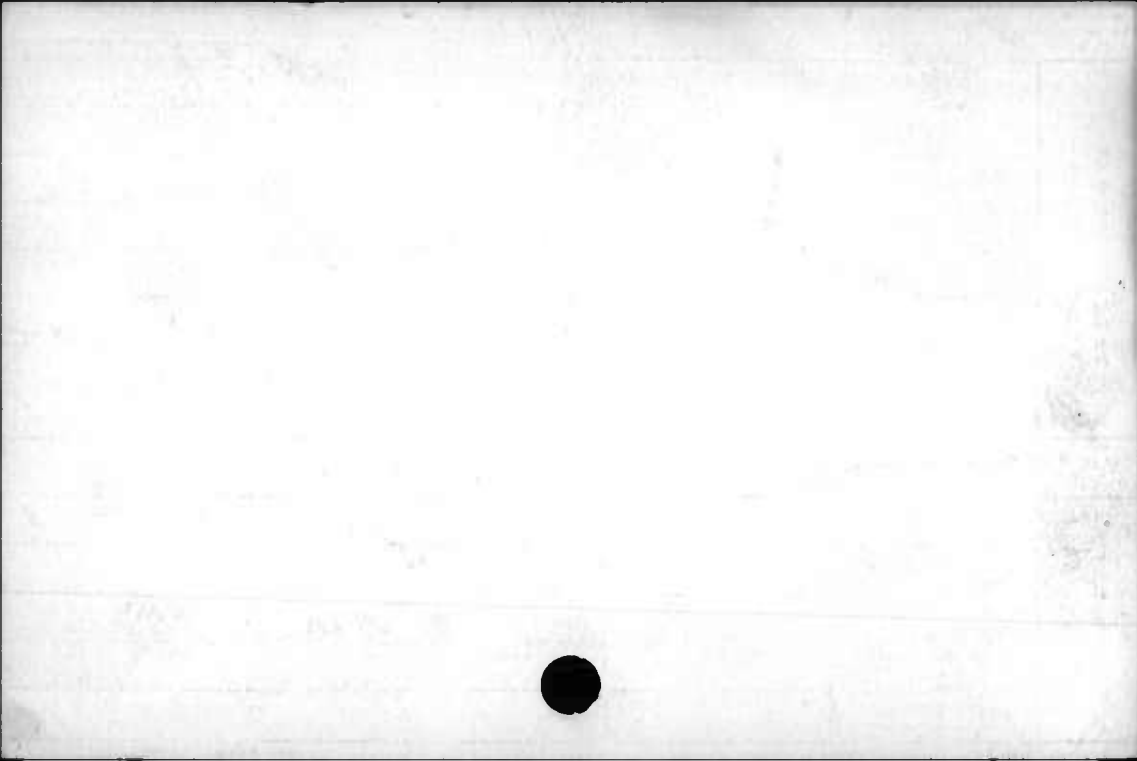
TO BE ANSWERED BY
NEAREST FRIEND

Died at Elk Ridge <small>Town</small>		County		MARYLAND	
Date of death 1907 Feb. <small>Month</small>		27 <small>Day</small>	67 <small>Years</small>	6 <small>Months</small>	23 <small>Days</small>
Sex Female		Color or Race White		Birth-place Washington D.C.	
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband Don't know			
Father's Name John B. Carroll		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace "			
Name of person giving information Jos. C. Harrell		How related to deceased Son.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart disease (79)	How long about six months
Immediate same	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Arthur Williams
	Address Elk Ridge Ind
Accident or Suicide? no	



Name

in
Full

Annie Helissa Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

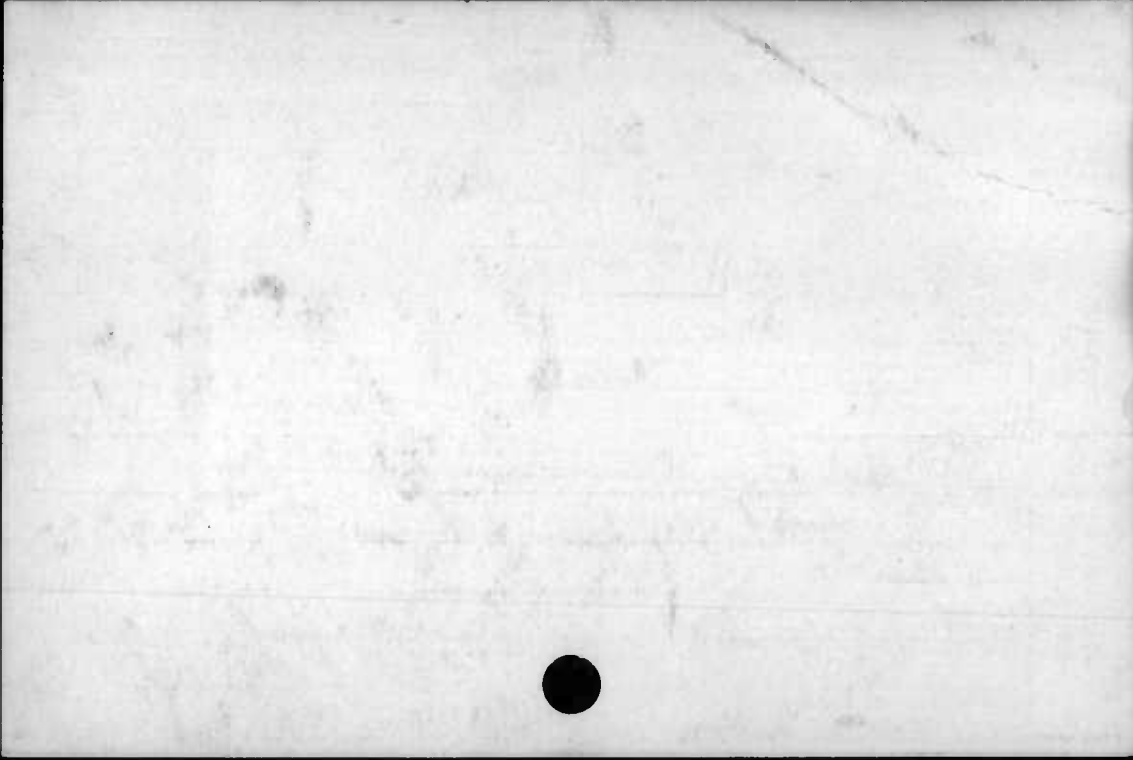
Died at <i>Elkridge</i> Town		<i>Howard Co</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb</i>	Day	<i>13</i>
Age		<i>49</i>		Months	
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth place	<i>Howard Co</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Elk Ridge</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Thomas Hill</i>			
Father's Name	<i>Nelson Gray</i>			Father's Birthplace	<i>not known</i>
Mother's Maiden Name	<i>Eleanor Postwick</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Thomas Hill</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<i>Hemorrhage at base of brain</i>		How long	<i>a few minutes</i>
Immediate	<i>" "</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Arthur Williams</i>
			Address	<i>Elk Ridge Ind</i>
Accident or Suicide?		<i>no</i>		



Name
in
Full

Charles Maderia Jenkins -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

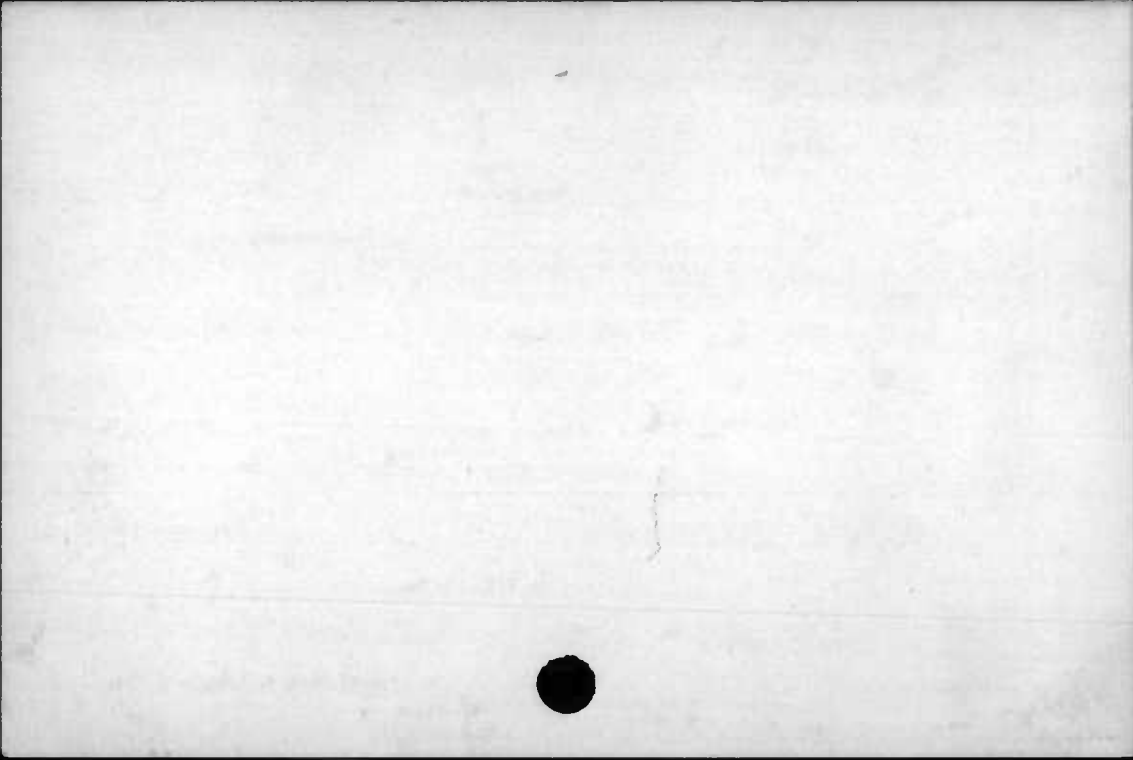
Died at <i>West Friendship</i>		Town <i>West Friendship</i>		County <i>Howard</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>7th</i>	Day <i>7-</i>	Age <i>40</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penna -</i>				
Occupation <i>Miller -</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma Hobbs -</i>						
Father's Name <i>Henry A Jenkins</i>	Father's Birthplace <i>Penna -</i>						
Mother's Maiden Name <i>Emily Shipley</i>	Mother's Birthplace <i>Carroll County</i>						
Name of person giving information <i>James Benton Jenkins</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

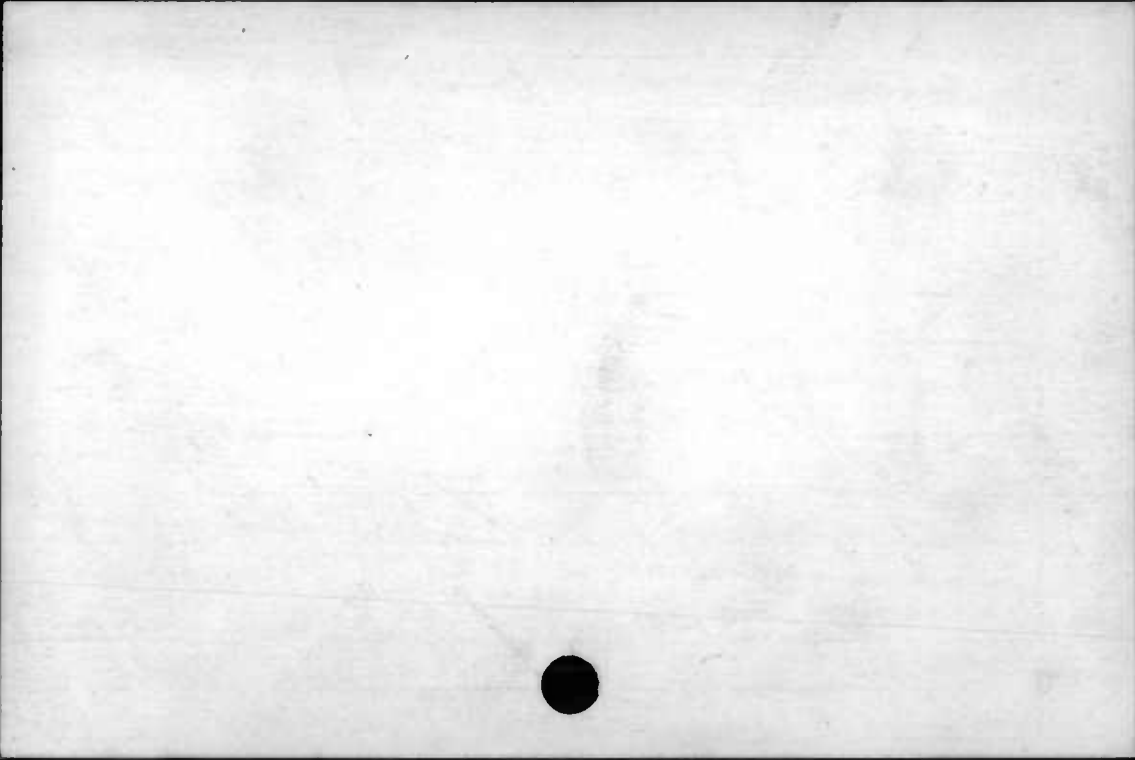
27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 years</i>
Immediate <i>Hemorrhage & Exhaustion</i>	How long <i>4 wk - 3 d.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. C. H. Stebbins</i>
	Address <i>West Friendship, Howard Co. Md.</i>
Accident or Suicide? <i></i>	



Name in Full		Edward R. Jess				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Jessup		County Howard		MARYLAND	
	Date of death	1907	Month 2	Day 6	Age 60	Months 7	Days —
	Sex	Male		Color or Race	White		
	Occupation	Laborer		Birth-place	Howard Co. Md		
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife or Husband	Mary A. Jess		
	Father's Name	Edward Jess		Father's Birthplace	Maryland		
	Mother's Maiden Name	Sarah Haslop		Mother's Birthplace	Maryland		
Name of person giving information	Mary A. Jess		How related to deceased	Wife			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Nephritis (19)				How long	Four days
	Immediate	Uræmic Convulsions				How long	12 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	R. Hammond		
				Address	Jessup Md		
	Accident or Suicide?	No					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frank Johnson

Town

County

Died at Henryton

Howard

MARYLAND

Date of death 1904 Feb

Month

9th

Day

Age

Years

Months

4

Days

26

Sex

male

Color or
Race

colored

Birth-
place

Henryton

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Harry Johnson

Father's
Birthplace

Ind

Mother's
Maiden Name

Glarence Reynolds

Mother's
Birthplace

Ind

Name of person giving
In formation

John King

How related
to deceased

None

CAUSES OF DEATH

93

93

PHYSICIAN
OR CORONER

Primary

No Physician attended the child

How long

Immediate

supposed to have died of Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

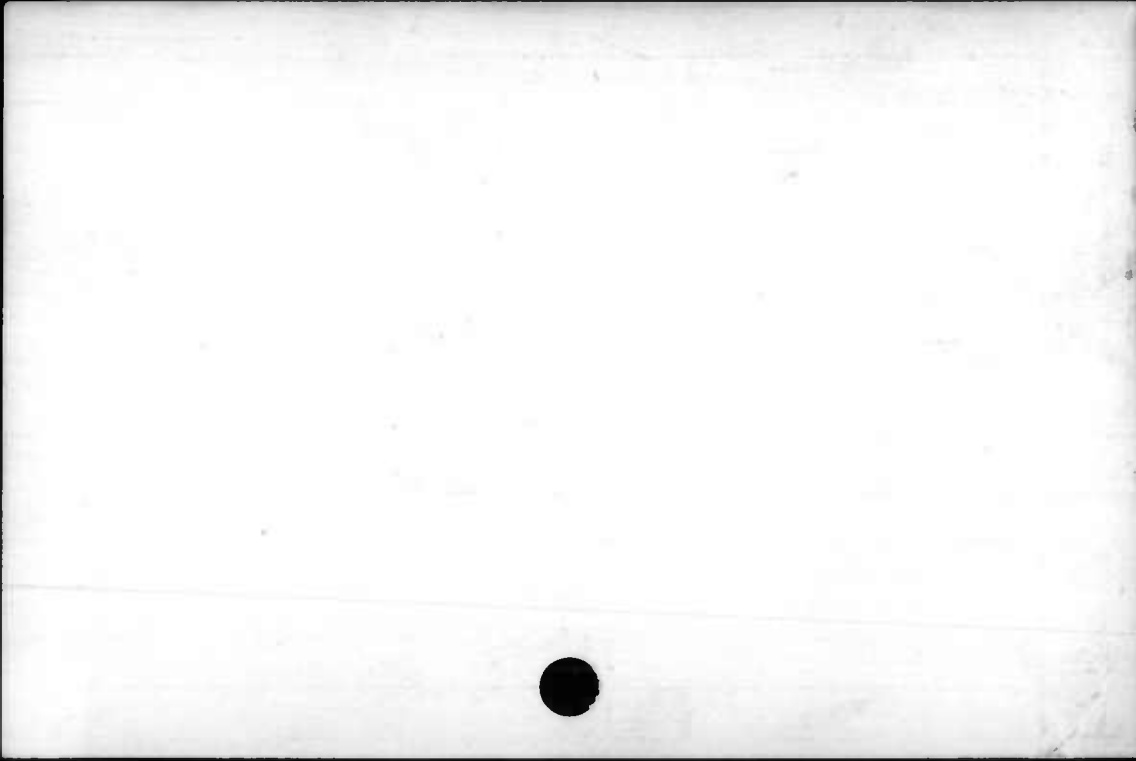
Ben F. Shipley M.D.

Address

Alpha Ind

Accident or Suicide?

Reported to me by John King



Name
in
Full

CERTIFICATE OF DEATH

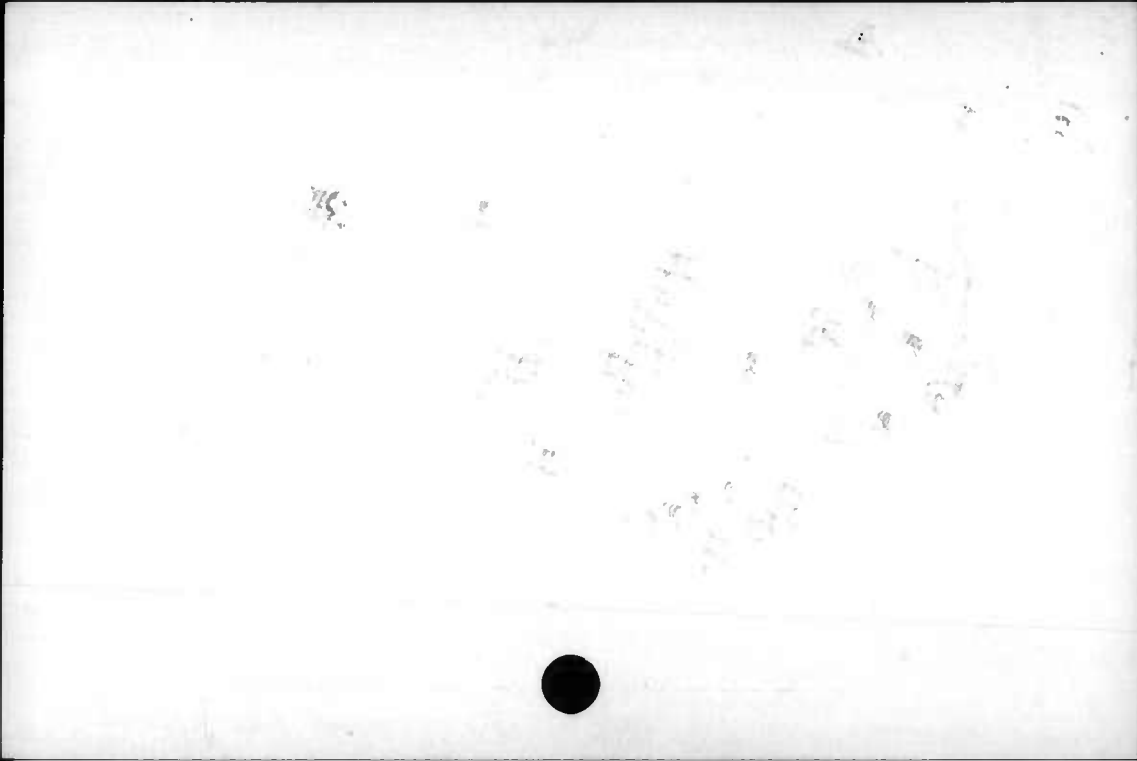
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anna Kelly</i>		Town <i>Simpsonville</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Simpsonville</i>		Month <i>2</i>		Day <i>10</i>		Years <i>1</i>	
Date of death 1907		Month <i>2</i>		Day <i>10</i>		Months <i>6</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		Days	
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Samuel S Kelly</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Mary Bacon</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Samuel S Kelly</i>				How related to deceased <i>Parent</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy. Bronchitis</i>	How long <i>6 months</i>
Immediate <i>Coma</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas R. Wilson M.D.</i>
	Address <i>Simpsonville Ind.</i>
Accident or Suicide?	



Name
in
Full

Edna Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near ^{Town} Woodstock		^{County} Howard		MARYLAND	
Date of death 1907	Month Feb	Day 22	Age	Months 4	Days
Sex Female	Color or Race colored		Birth-place	Howard Co Md	
Occupation	Where Residing if not at place of death		at home		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Lawrence		Father's Birthplace	Md	
Mother's Maiden Name	Fannie E. Rogers		Mother's Birthplace	Md	
Name of person giving information	Aaron Rogers		How related to deceased	Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	7 days
Immediate	Convulsions		How long	4 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Bey. F. Shipley M.D.	
		Address	Alpha D	
			Howard Co Md	
Accident or Suicide?				



Name
in
Full

Louisiana C. Linthicum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Steuers

County

Howard

MARYLAND

Date

of death 1907

Month

Feb

Day

3-

Age

Years

76

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Charles G. Linthicum

Father's
Name

Richard Linthicum

Father's
Birthplace

Md

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Md

Name of person giving
Information

Frank Linthicum

How related
to deceased

Son

CAUSES OF DEATH

(40)

Primary

Cancer of Stomach

How long

18 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

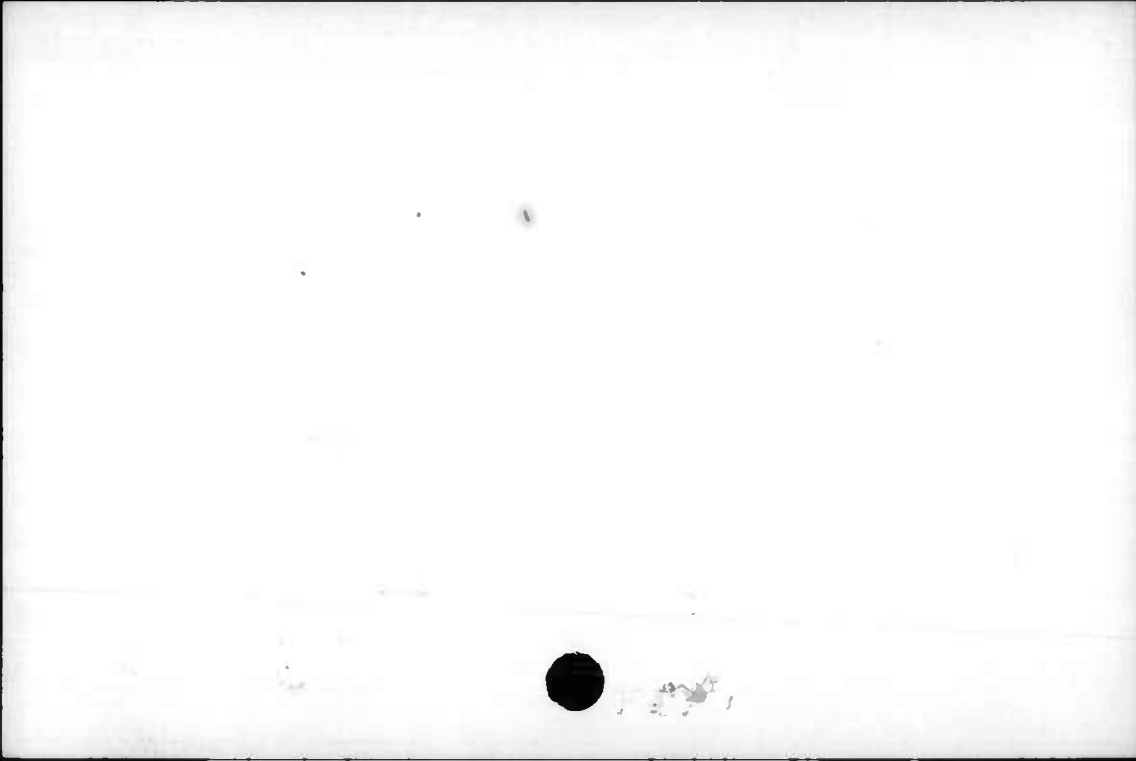
Signature of
Physician

J. A. Richards M.D.

Address

Dayton Md.

Accident or Suicide?



Name
in
Full

Aaron Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

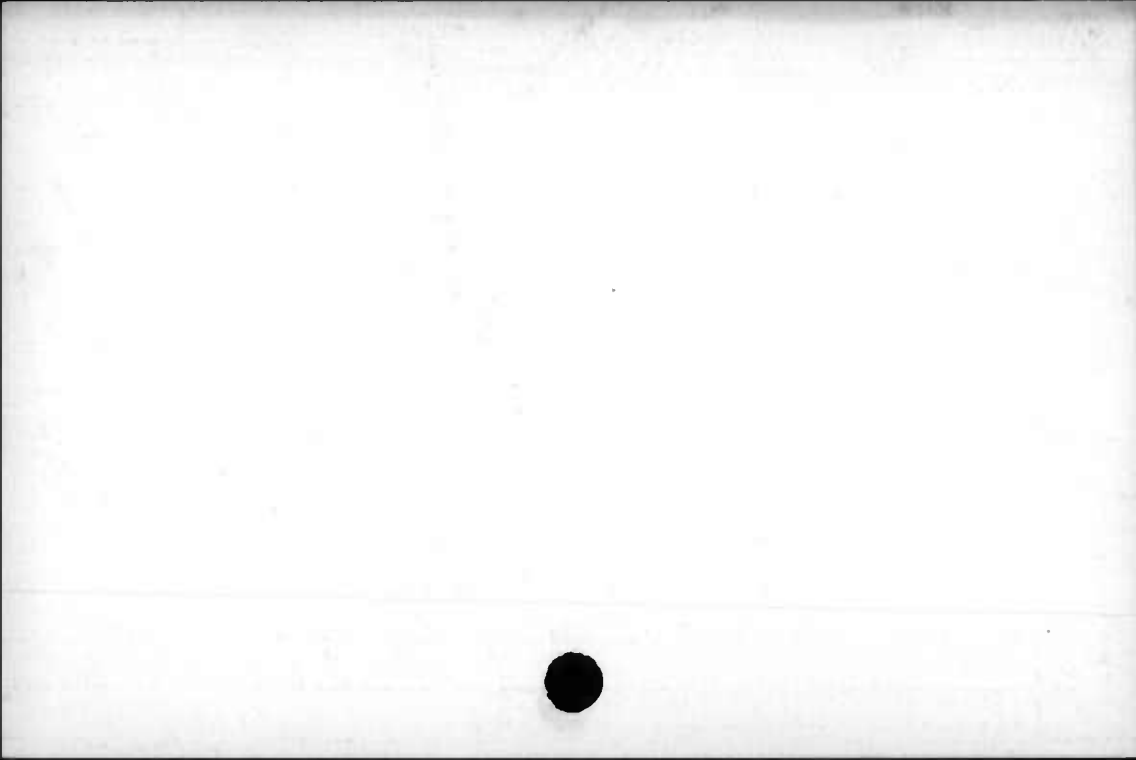
Died at <u>Doughoregan</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	<u>1907</u> Month <u>Feb</u>	Day <u>8</u>	Age <u>80</u> Years	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>black</u>		Birth-place <u>Prince George Co.</u>		
Occupation <u>Laborer</u>		Where Residing <u>last place of death</u> <u>James Odomell's</u>			
Married, Single or Widowed <u>widowed</u>		Name of Wife or Husband <u>Don't Know</u>			
Father's Name <u>Don't Know</u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u>Don't Know</u>			Mother's Birthplace <u> </u>		
Name of person giving information <u>James Odomell</u>			How related to deceased <u>No. 1 Relation</u>		

CAUSES OF DEATH

(154)

PHYSICIAN
OR CORONER

Primary <u>General Debility</u>	How long <u> </u>
Immediate <u>Exhaustion</u>	How long <u>Sudden</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John W. Smith Jr.</u>
	Address <u>West Friendship</u>
	<u>Howard County Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Edith C Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Ellicott City</i>		^{County} <i>Howard</i>		MARYLAND	
Date of death	1907	Month	<i>Feb.</i>	Day	<i>28</i>
Age	<i>mo.</i>	Years	<i>no.</i>	Months	<i>7</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>Ellicott City</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>None</i>			
Father's Name	<i>James W. Miller</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Bessie M. Carey</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>James W. Miller</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 wks.</i>
Immediate	<i>Exhaustion</i>	How long	<i>18 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W.C. Shinn</i>	
		Address <i>Ellicott City.</i>	
Accident or Suicide?			



Name
in
Full

Annie Ray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

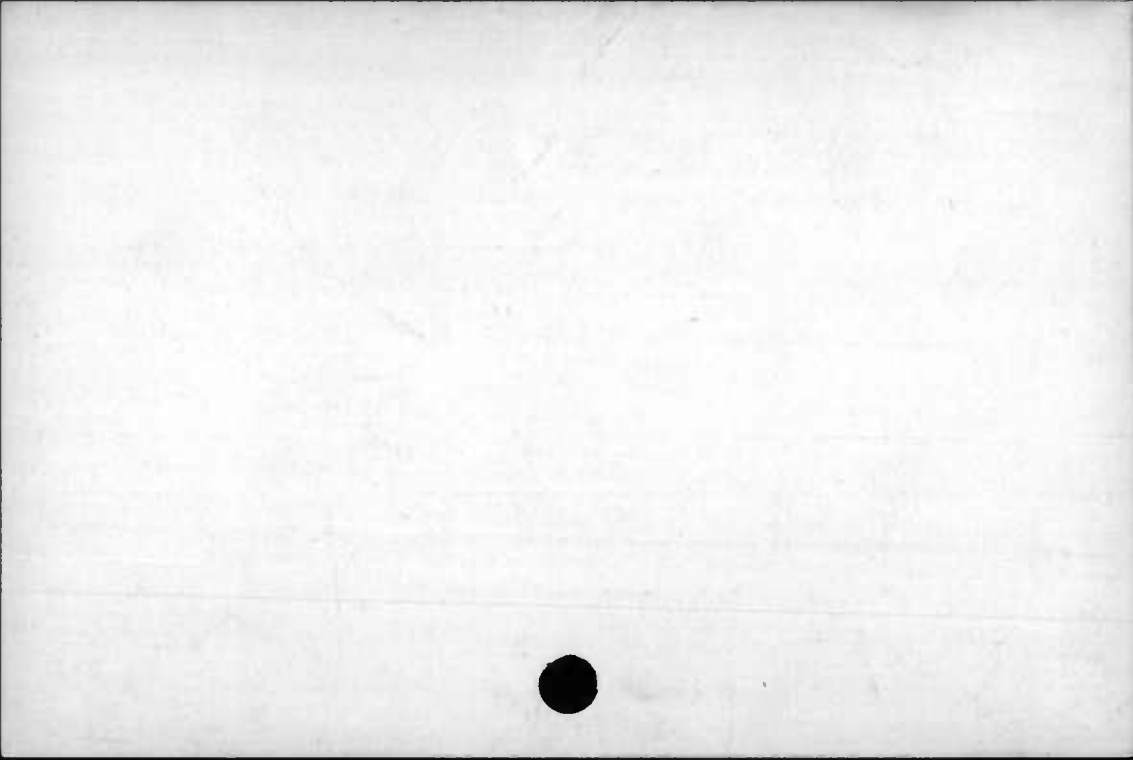
Died at		Town Elkridge		County Howard		MARYLAND	
Date of death	1907	Month Feb.	Day 6	Age 71	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Ireland
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband James Ray				
Father's Name	Unknown					Father's Birthplace	Ireland
Mother's Maiden Name	"					Mother's Birthplace	"
Name of person giving In formation	James P. McCauley					How related to deceased	Grandson

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Debility incident to old age	How long	7 months
Immediate	same	How long	same
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur Wilbourn
		Address	Elk Ridge Ind
Accident or Suicide?	no		



Name
in
Full

CERTIFICATE OF DEATH

Richard C Reynolds

Town

County

Died at Simpsonville

Herwood

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

2

14

Age

Sex

Male

Color or
Race

Cal

Birth-
place

Chid

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Reynolds

Father's
Birthplace

W. I.

Mother's
Maiden Name

Kelly

Mother's
Birthplace

Name of person giving
In formation

Same Kelly

How related
to deceased

Son

CAUSES OF DEATH

Primary

Bronch Pneumonia

(92)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Nelson

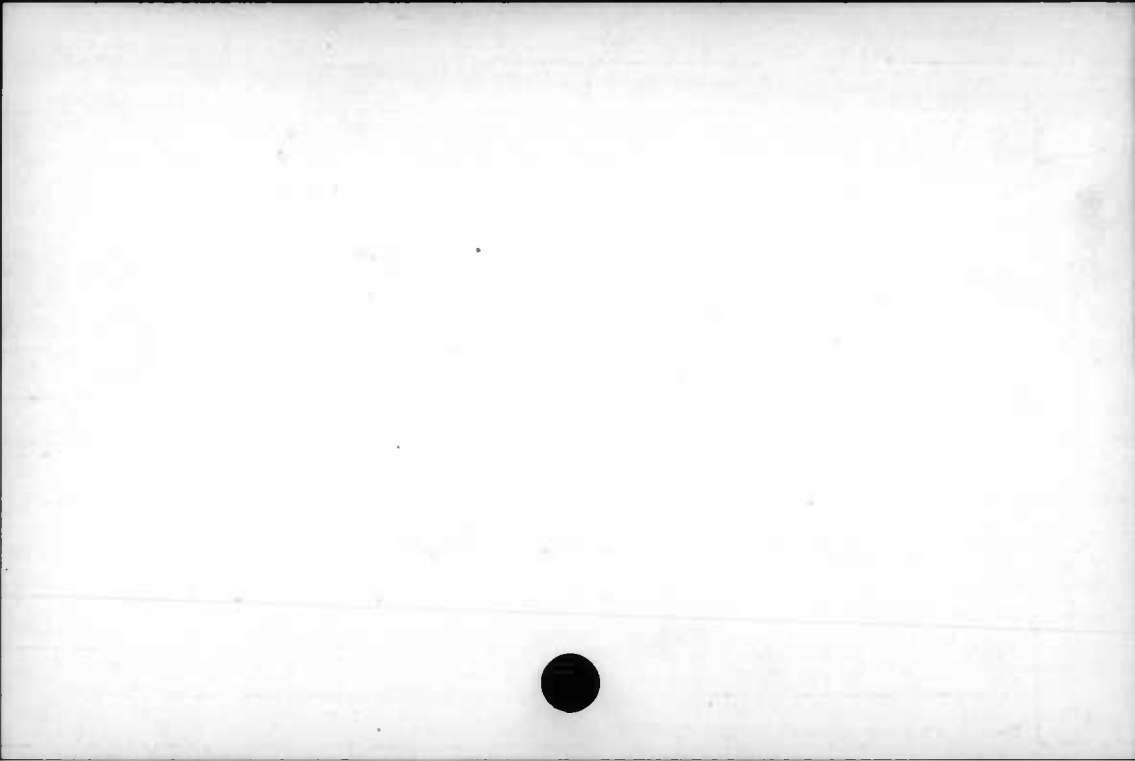
Address

Simpsonville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

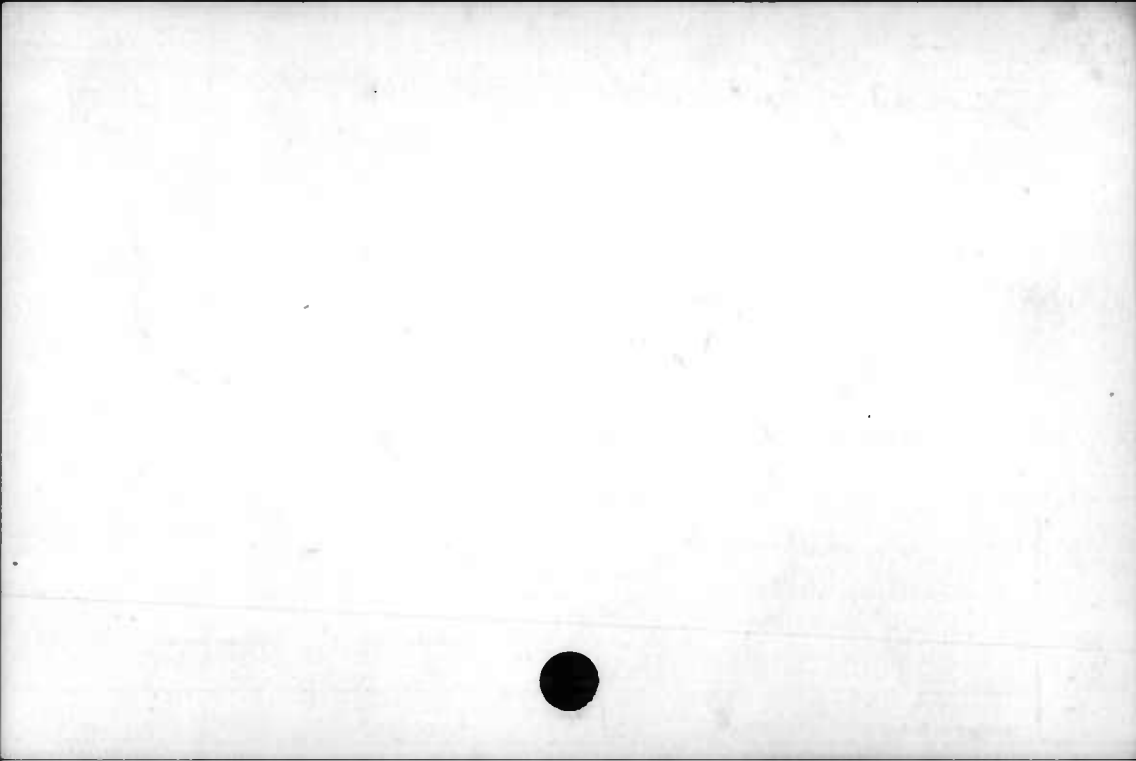
Name in Full <i>Mary E Ridgley</i>		Town <i>near Elbert City</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Died at <i>near Elbert City</i>		Date of death <i>1907 Feb. 5</i>		Age <i>62</i>		Months <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Howard</i>					
Married, Single or Widowed <i>Widow</i>		Name of Husb. or Husband <i>Zachary T. Ridgley</i>		Father's Name <i>Dempsey Cross</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Mellie Thompson</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Sadonia E Ridgley</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary <i>Fatty degeneration of heart</i>	How long <i>One hour</i>
Immediate <i>Heart failure</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Thompson</i>
	Address <i>Elbert City Md</i>
Accident or Suicide? <i>Neither</i>	



Name

In
Full

CERTIFICATE OF DEATH

John T Slunt

Town

County

Died at

Hollifield

MARYLAND

Date

of death 1907

Month

Feb

Day

18

Age

Years

60

Months

no

Days

no

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Mill Hand

Where Residing If not
at place of death

Hlberton

Married, Single
or Widowed

Married

Name of Wife or
Husband

Heneratta Slunt

Father's
Name

dont know

Father's
Birthplace

dont know

Mother's
Maiden Name

dont know

Mother's
Birthplace

dont know

Name of person giving
In formation

John Slunt

How related
to deceased

son

CAUSES OF DEATH

166

Primary

How long

Immediate

Killed by B & O. Train

How long

instant

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Bernard H. Hallenbeck, J. P.

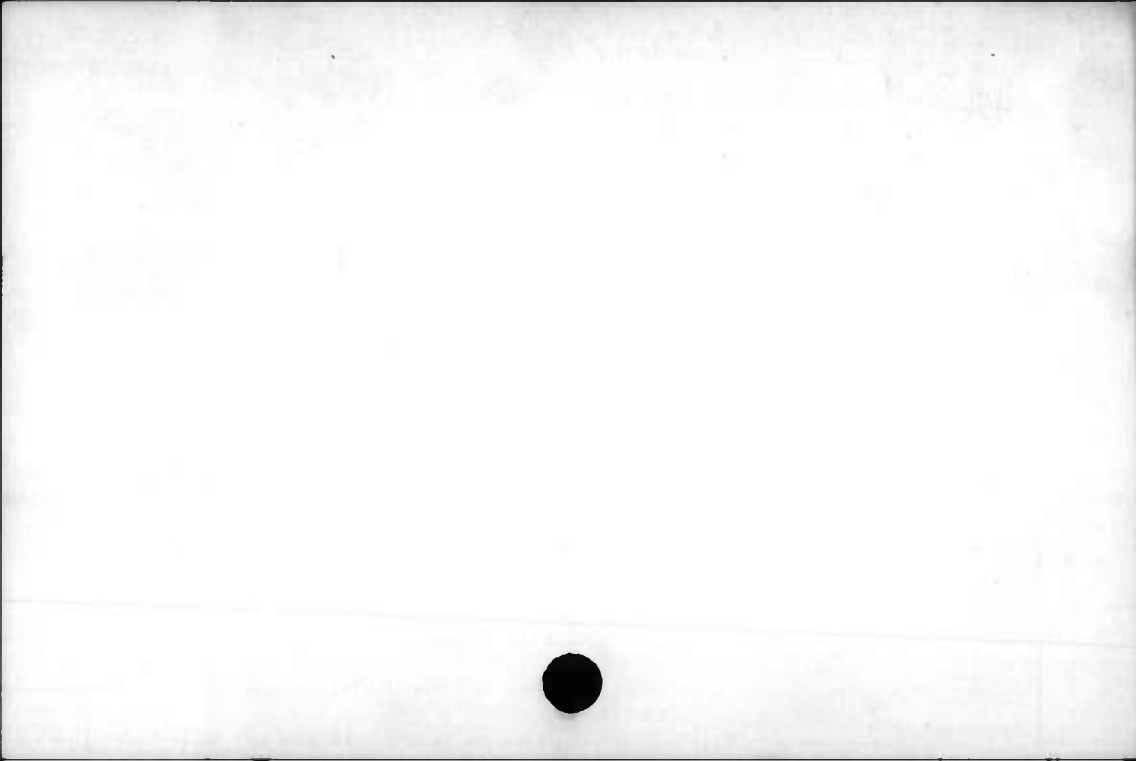
Address

Acting Coroner
Ellicott City, Md.

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

James Smith

CERTIFICATE OF DEATH

Died at ^{Town} *Bolesville*^{County} *Haward*

MARYLAND

Date of death ^{Month} *1907 Feb*^{Day} *8*^{Years} *Age 64*^{Months} *3*^{Days} *10*Sex *male*

Color or Race

colored

Birth place

md

Occupation

Laborer

Where Residing if not at place of death

~~Married~~
Widowed*maimed*Name of Wife or ~~Husband~~*- Don't know*

Father's Name

Don't know

Father's Birthplace

DK

Mother's Maiden Name

Mary Torsey

Mother's Birthplace

MD

Name of person giving information

Florence Smith

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Arterio Sclerosis

How long

2 years

Immediate

Heart Failure

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

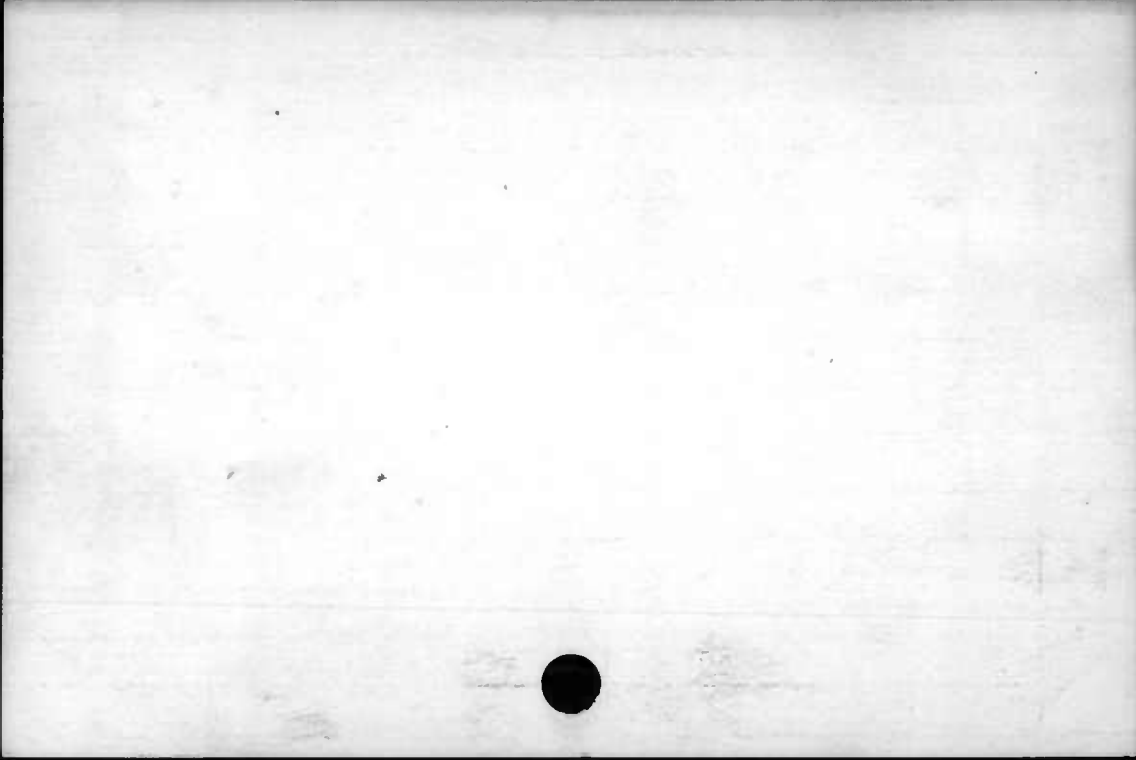
Signature of Physician

Dr. C. H. ...

Address

Summit Ave

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Elk Ridge</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>8th</i>	Age <i>62</i>	Years	Months <i>11</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Charles Soper</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Nancy Walters</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Mrs Geo P Harmon</i>	How related to deceased <i>Niece</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	<i>(79)</i>	How long <i>6 months</i>
Immediate <i>Same</i>		How long <i>Same</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur Williams</i>	Address <i>Elk Ridge Md</i>
Accident or Suicide? <i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

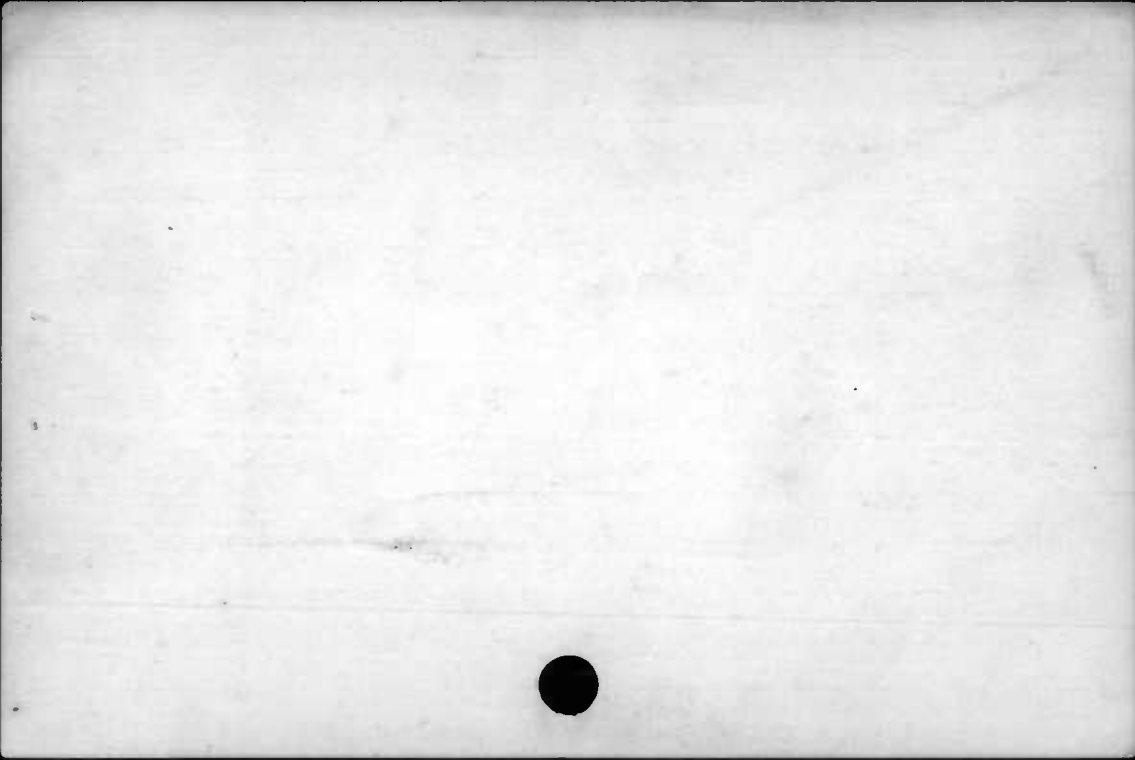
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		February	12th	Age 75	10		
Sex	Female	Color or Race	white		Birth-place	Germany	
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Married			Henry Timmermann				
Father's Name					Father's Birthplace		
Eckhart					Germany		
Mother's Maiden Name					Mother's Birthplace		
Don't know					Germany		
Name of person giving information					How related to deceased		
Henry Timmermann					Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza	How long	10 days
Immediate	Heart Failure	How long	Progressive
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. M. L. Caswell	
		Address	
		Highlands, Md.	
Accident or Suicide?			



Name
in
Full

Balsil Milton Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>in Elk Ridge</i>		Town <i>Howard Co</i>		County		MARYLAND	
Date of death	1907	Month	Feb	Day	8 th	Age	2
Sex	Male	Color or Race	Colored	Birthplace	Maryland		
Occupation	none	Where Residing if not at place of death		at place of death			
Married, Single or Widowed	single	Name of Wife or Husband		Child			
Father's Name	Milton Turner	Father's Birthplace	Virginia				
Mother's Maiden Name	Mary Jackson	Mother's Birthplace	Maryland				
Name of person giving information	Wm H Jackson	How related to deceased	Grandfather				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Spina bifida</i>	How long	2 months
Immediate	<i>meningitis</i>	How long	1 month
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur Williams
		Address	Elk Ridge Md
Accident or Suicide?	no		

St. Stephen

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

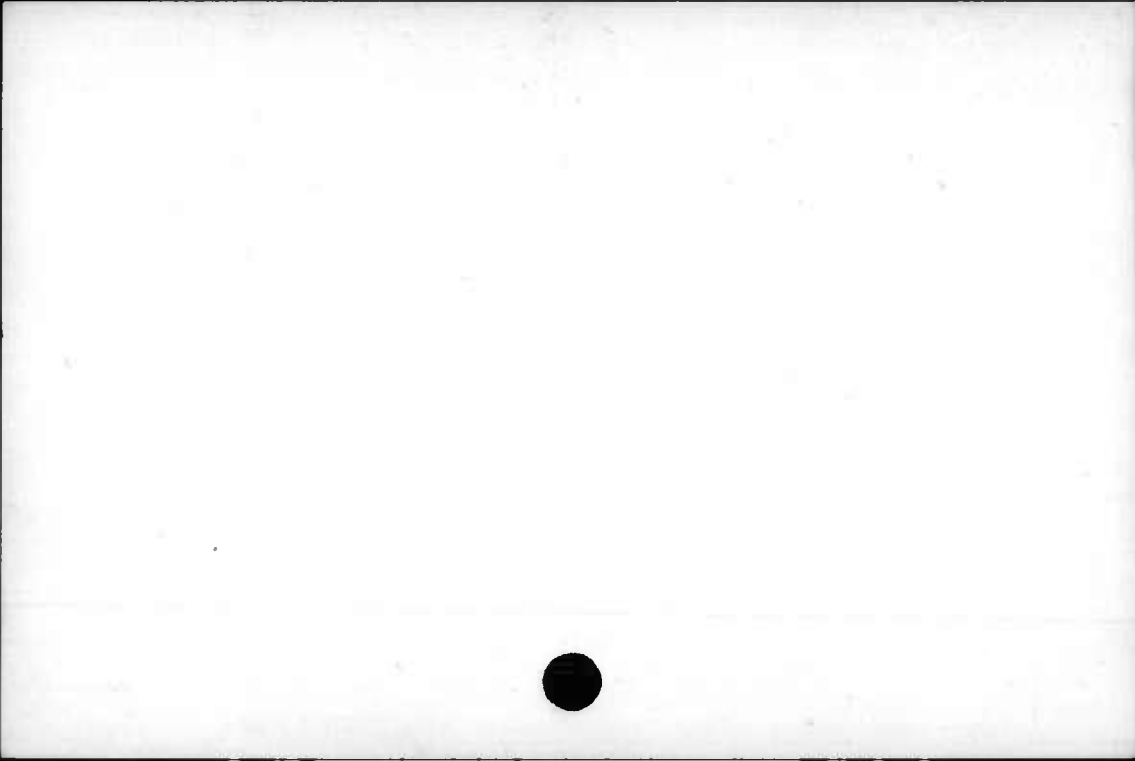
Name In Full <i>Herbert Bruce Walker</i>		Town <i>Dayton</i>		County <i>Howard</i>		MARYLAND	
Died at		Month <i>Feb.</i>		Day <i>21</i>		Years <i>—</i>	
Date of death <i>1907</i>		Age <i>—</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>William Walker</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Jennie Gordon</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>William Walker</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

(90)

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>		How long <i>8 weeks</i>	
Immediate <i>F</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. A. Nichols</i>	
		Address <i>Dayton</i>	
Accident or Suicide?		<i>Md.</i>	



Name
in
Full

Thomas Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

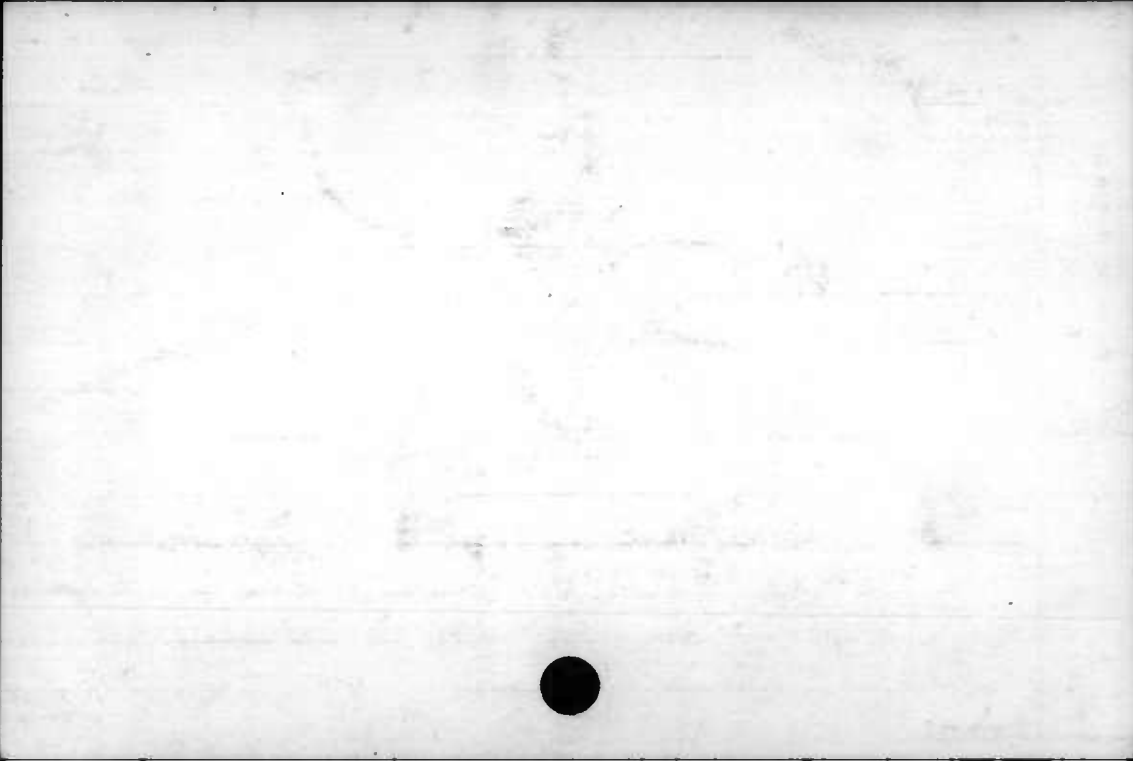
Died at <i>near Laurel</i>		Town <i>Laurel</i>		County <i>Hann</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>53</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>near Laurel</i>						
Married, Single or Widowed <i>yes</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Wm</i>	Father's Birthplace <i>md</i>						
Mother's Maiden Name <i>Hettie Hali</i>	Mother's Birthplace <i>md</i>						
Name of person giving information <i>Walter Waters</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>2 months</i>
Immediate <i>Asphyxia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J.R. Hester</i>
	Address <i>Laurel, Md</i>
Accident or Suicide?	



Name
in
Full

Randolph Wheeler

CERTIFICATE OF DEATH

Died at

Elk Ridge

County

Howard

MARYLAND

Date

of death 190

7

Month

2

Day

23

Age

Years

28

Months

Days

Sex

Male

Color or
Race

Caucasoid

Birth-
place

Md

Married, Single
or Widowed

Married

Occupation

Laborer

Name of Wife or
Husband

Lottie Williams

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Vivian Wheeler

Mother's
Birthplace

Md

Name of person giving
In formation

Vivian Wheeler

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

93

How long

9 days

Immediate

Heart Failure

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Harrison Torgue

Address

Elk Ridge
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

